

STATE OF DELAWARE DELAWARE CORR CENTER	SOP NUMBER 4.4	PAGE NUMBER 1 OF 23
MANUAL	OPR: DEPUTY WARDEN	
CHAPTER: 4 DECISION MAKING RELATIVE TO INMATES	SUBJECT: INMATE GRIEVANCE PROCEDURE	
APPROVED BY WARDEN: <i>R. E. Snyder</i>		
EFFECTIVE DATE: <i>4/15/97</i>		

- I. Authority: Department of Correction policy 4.4 and Bureau of Prisons Procedure 4.4.
- II. Purpose: To set forth guidelines for Inmate Grievances in order to reduce tension and to effectively resolve grievances within the facility. Every inmate will be provided a timely and effective means of having issues brought to the attention of those who can offer administrative remedies before court petitions can be filed. Inmates should seek their counselor's advise on how to best pursue a response to concerns before prematurely filing a grievance.
- III. Applicability: All employees and inmates under custody or supervision of Delaware Correctional Center.
- IV. Definitions: As used in this document, the following shall apply:
  - A. **Bureau Grievance Officer (BGO):** An employee at the Bureau level who mediates appeal of the Warden's/Warden's Designee's decision.

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- B. **Emergency Grievance:** An issue that concerns matters which under regular time limits would subject the inmate to a substantial risk of personal, physical or psychological harm.
- C. **Grievance:** A written complaint concerning the substance or application of a policy or practice; any action toward an inmate by staff or other inmates; any condition or incident within the institution that affects an inmate.
- D. **Inmate Grievance Chair (IGC):** An institutional employee designated to handle inmate grievances.
- E. **Inmate Grievance Procedure (IGP):** The formal process provided to inmates to resolve disputes.
- F. **Outside Reviewer:** An individual not associated with DOC who hears inmate grievance appeals referred by the Bureau Grievance Officer and Chief, Bureau of Prisons.
- G. **Resident Grievance Committee (RGC):** A committee comprised of institutional staff and inmates that hears inmate grievances and makes a recommendation to the Warden/Warden's Designee.
- H. **Reprisal:** Any action or threat of action against inmates or staff based solely on their participation or use of the Inmate Grievance Procedure.

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V. Procedure:

A. Copies of the Inmate Grievance Procedure are to be made available in each housing unit, in each library, in each counselor's office, Shift Commander's Office and in each Inmate Grievance Chair's office. Additionally, as an integral part of institutional orientation, all staff and inmates will receive a procedural briefing including the opportunity to have questions answered.

1. All inmates, regardless of physical condition/security status/administrative status, shall be entitled to use the Inmate Grievance Procedure. Inmate complaints regarding policies and conditions must be within Department of Correction jurisdiction. This includes actions by employees, inmates, and incidents occurring within the institution that affect them personally. NOTE: Policies that have their own formal appeal mechanisms are not grievable through the Inmate Grievance Procedure. Specifically excluded from the Inmate Grievance Procedure are issues concerning Disciplinary, Classification, and Parole Board decisions. All medical grievances are referred directly to the contract medical care provider and monitored by the Bureau of Prisons on

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Form 585 & 585A (Medical Grievance Forms).

2. The Inmate Grievance Procedure shall afford the grievant a meaningful remedy. Relief may include an agreement by the Warden/Warden's Designee to remedy an objectionable condition within a reasonable, specified time period; change in institutional policy or practices; or restitution.
3. The Inmate Grievance Procedure prohibits reprisals against staff or inmates for their use or participation in the process. If either participant experiences adverse reactions, they may appeal directly to the Warden/Warden's Designee. The Warden/Warden's Designee shall offer a written response within ten calendar days upon receipt of the appeal. This decision is appealable to the Chief, Bureau of Prisons for final disposition.
4. No staff or inmate named in a grievance shall participate in any capacity in the resolution decision. Grievances filed against the Inmate Grievance Chair or appealing authority shall be referred to the next higher authority.

B. All grievances will be kept separate from the inmate's case file. Neither staff or inmates will have access to these records except to the extent necessary for

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clerical processing, resolution, or decision compliance.

C. The maximum period between initial grievance receipt and final appeal response shall not exceed 180 calendar days. If a full Resident Grievance Committee cannot be convened as scheduled, another hearing shall be rescheduled as soon as possible.

1. Inmates are prohibited from submitting more than one grievance arising from a single incident.
2. If more than one inmate files a grievance on the same incident, the Inmate Grievance Committee will consolidate the staff investigations and Resident Grievance Committee hearings into a single "group grievance." All individuals involved will be notified by the Inmate Grievance Chair.
3. Inmate Grievance Chair will provide a copy of the response to each Inmate Grievance Procedure step to the grievant, within seven calendar days of receipt of said response.

D. The Resident Grievance Committee will be comprised of two inmates who are elected by a majority vote from their own housing unit and two staff members designated by the Warden/Warden's Designee. Designated staff members will include custody and treatment staff, as well as those who have frequent contact within the grievant's housing unit.

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Each Resident Grievance Committee member has one vote; the Inmate Grievance Chair will only vote to break a tie.

1. Inmate Resident Grievance Committee members and two inmate alternates shall serve for a term of six months. Staff Resident Grievance Committee members serve at the discretion of the Warden/Warden's Designee. One staff member will be from Treatment and one from Security.
2. The Resident Grievance Committee will deliberate on it's findings and forward it's recommendation to the Warden/Warden's Designee.
3. All investigative work must be completed and documented by the Leadworker, Area Lieutenant, etc, prior to the Resident Grievance Committee hearing.
4. Inmates are allowed to retract a grievance at any time during the process by written notice to the Inmate Grievance Chair.
5. The Inmate Grievance Chair will submit a monthly Inmate Grievance Procedure status report to the Delaware Correctional Center Support Services Manager, and the Bureau Grievance Officer and the Chief, Bureau of Prisons.

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E. When remedies are outside of the institution and may require more time, the Inmate Grievance Chair will notify the grievant of the implementation plan and schedule upon receipt of written notification of concurrence, by the outside entity.

F. The specific duties of the Inmate Grievance Chair and Bureau Grievance Officer are listed in the Inmate Grievance Procedure Training Manual. Analysis of their performance is the sole responsibility of their immediate supervisors.

G. Resolution Levels:

1. Level I (Informal Resolution): The Inmate Grievance Procedure process begins when an inmate files Form #584R. The grievant must complete this form within seven days following the incident and forward it to the Inmate Grievance Chair. The Inmate Grievance Chair shall forward the grievance to the Security Superintendent who, in turn, will forward it to Shift Commanders and inmates' housing unit supervisors within two days of receipt.

a. Housing unit Leadworkers and/or Area Supervisors shall investigate, document all findings on Form #175R, attempt resolution and

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report results to the Inmate Grievance Chair within three (3) calendar days of their receipt of the grievance. Resolution ends the Inmate Grievance Procedure process; the Inmate Grievance Chair closes the file and monitors issues of compliance.

b. Unresolved grievances are referred to Level II.

2. Level II (Resident Grievance Committee Recommendation/Warden's Decision):

a. The Resident Grievance Committee will convene within thirty (30) days of Inmate Grievance Chair receipt of the grievance to examine the issue and documented investigative data from Form #175R, hear testimony, and make a recommendation. The Grievant will be offered the opportunity to participate in the hearing through discussion of any information presented. The Resident Grievance Committee may ask questions it feels relevant to the issue. If the Resident Grievance Committee determines that further investigation is required, it may grant an additional five days, by majority Resident Grievance Committee

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member vote and grievant consent, to complete it's work. All Resident Grievance Committee work is to be documented and forwarded to the Inmate Grievance Chair on Form #584A. The Inmate Grievance Chair will forward the Resident Grievance Committee recommendation to the Warden/Warden's Designee.

b. The Warden/Warden's Designee will respond on Form #584B within ten calendar days and forwards that response to the Inmate Grievance Chair for distribution. If the Warden/Warden's Designee and grievant concur with the Resident Grievance Committee recommendation the grievance is deemed resolved; the Inmate Grievance Chair closes the file and monitors issues of compliance. If there is no concurrence, the grievance is referred to Level III.

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3. **Level III (The Final Decision):**

- a. The Bureau Grievance Officer will review the grievance file upon receipt. Concurrence with the Warden/Warden's Designee decision and signature by the Bureau Grievance Officer and Chief, Bureau of Prisons ends the Inmate Grievance Procedure process; the Inmate Grievance Chair closes the file and monitors issues of compliance.
- b. At the Bureau Grievance Officer's discretion, mediation between grievant and the Warden/Warden's Designee may be attempted or Outside Review recommended. Outside Review is recommended in only those instances where interpretation of law or expansion of policy are necessary.
- c. The Chief, Bureau of Prisons, who's decision is final and not open to grievant interpretation, may accept or reject the Bureau Grievance Officer's written recommendation. Final decisions and the grievance file are returned to the Inmate Grievance Chair for closure and monitoring for

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issues of compliance.

**H. Emergency Grievance:**

1. Issues that concern substantial risk of personal, physical or psychological inmate injury shall be addressed immediately by the Warden/Warden's Designee. A copy of the grievance will be sent to the Inmate Grievance Chair upon receipt by the Warden/Warden's Designee, who shall respond within one calendar day.
2. Grievant appeals of the Warden/Warden's Designee decision will be decided by the Chief, Bureau of Prisons within one calendar day upon receipt of the appeal.
3. If the Warden/Warden's Designee determines that the grievance does not meet the emergency criteria, the grievance will be returned to the inmate for processing through the normal Inmate Grievance Procedure process steps.

**I. Universal Grievance:**

1. Issues that concern the entire system and not just one inmate, a group of inmates, or one institution are to be presented by the Bureau Grievance Officer to the Chief, Bureau of Prisons.

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J. Institutional Transfer:

1. Transfers can be delayed for any inmate who has filed a grievance and been notified of an Resident Grievance Committee hearing date until the hearing has concluded. If circumstance require immediate transfer, the Inmate Grievance Chair at the institution where the grievance was filed will proceed in the grievant's absence, utilizing the normal Inmate Grievance Procedure process.
2. The Warden/Warden's Designee decision will be forwarded to the Inmate Grievance Chair at the grievant's new location for review. If the grievant appeals to Level III, the Inmate Grievance Committee at the grievant's new location shall forward the file to the Inmate Grievance Chair at the original location for Bureau Grievance Officer review. Grievances filed against the sending institution after an inmate's transfer, but inside the standard seven day window following an incident, shall be forwarded by the Inmate Grievance Chair at the new location to the Inmate Grievance Chair at the original location for processing.

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**K. Appeals:**

1. Grievant appeals must be signed, dated and state the specific reason for the appeal on Form #584C. This form is given to Inmate Grievance Chair who is responsible for tracking each grievance. Grievants have three calendar days upon receipt of their copy of the Warden/Warden's Designee decision to appeal, as well as, to include any additional information for review by the Bureau Grievance Office. The Inmate Grievance Chair will forward the appeal and file to this level.
2. The Chief, Bureau of Prisons decisions are final and not appealable.

This SOP is subject to change at the discretion of the Warden.

attachments  
SCW041197

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**FORM #584R**

## **GRIEVANCE FORM**

**FACILITY:** \_\_\_\_\_

**DATE:**

**GRIEVANT'S NAME:** \_\_\_\_\_

**SBI#:**

**CASE#:** \_\_\_\_\_

**TIME OF INCIDENT:** \_\_\_\_\_

**HOUSING UNIT:** \_\_\_\_\_

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

**ACTION REQUESTED BY GRIEVANT:** \_\_\_\_\_

**GRIEVANT'S SIGNATURE:** \_\_\_\_\_

DATE: \_\_\_\_\_

WAS AN INFORMAL RESOLUTION ACCEPTED? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

**GRIEVANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

GRIEVANCE FORM #584R

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## **INFORMAL RESOLUTION**

**BRIEFLY STATE THE CONDITIONS OF THE INFORMAL RESOLUTION. BE SPECIFIC. LIST THE NAMES, ISSUES AND PARTIES TO THIS AGREEMENT WHICH ADDRESS THE ACTION REQUESTED.**

**GRIEVANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**WITNESS (OFFICER):** \_\_\_\_\_

**FORM #175R**

## **INMATE GRIEVANCE HOUSING UNIT INVESTIGATION REPORT**

**THIS FORM MUST BE COMPLETED WITHIN 3 CALENDAR DAYS OF RECEIPT FROM I.G.C.**

**INMATE:** \_\_\_\_\_

S.B.I # \_\_\_\_\_

**CASE#:** \_\_\_\_\_

**DATE RECEIVED FROM I.G.C.: \_\_\_\_\_**

**HOUSING UNIT:** \_\_\_\_\_

11. *Leucosia* (Leucosia) *leucosia* (Linnaeus)

**FACTS/DETAILS DETERMINED BY THE INVESTIGATOR:**

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**FORM #175R**

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**INVESTIGATOR (SHIFT LEADER):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**IF REFERRED TO THE NEXT SHIFT LEADER EXPLAIN WHY :**

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**DATE FORWARDED TO I.G.C.:** \_\_\_\_\_

**STAFF SIGNATURE:** \_\_\_\_\_

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**FORM #384A**

**R.G.C. RECOMMENDATION**

**THIS MUST BE COMPLETED & RETURNED TO THE I.G.C. WITHIN 30 CALENDAR DAYS**

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R.G.C. MEMBERS:

INMATE REPRESENTATIVE: \_\_\_\_\_

**INMATE REPRESENTATIVE:** \_\_\_\_\_

**COUNSELOR:** \_\_\_\_\_

**SECURITY:** \_\_\_\_\_

**INMATE GRIEVANT CHAIRPERSON:** \_\_\_\_\_

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FORM #584B

WARDEN'S/WARDEN'S DESIGNEE RESPONSE

TO BE COMPLETED & RETURNED TO THE IGC WITHIN TEN CALENDAR DAYS

GRIEVANT'S NAME: \_\_\_\_\_

SBI#: \_\_\_\_\_

HOUSING UNIT: \_\_\_\_\_

CASE#: \_\_\_\_\_

|||||

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

WARDEN/WARDEN'S DESIGNEE SIGNATURE

DATE: \_\_\_\_\_

I WISH TO APPEAL THIS TO THE BUREAU GRIEVANCE OFFICER (B.G.O.)

YES: \_\_\_\_\_

NO: \_\_\_\_\_

GRIEVANT'S SIGNATURE

DATE: \_\_\_\_\_

IGC SIGNATURE

DATE: \_\_\_\_\_

**FORM #584C**

## **GRIEVANCE APPEAL FORM:**

**THIS MUST BE COMPLETED AND RETURNED TO THE IGC WITHIN 3 DAYS OF RECEIPT OF THE  
WARDEN/WARDEN'S DESIGNEE DECISION**

**GRIEVANT:** \_\_\_\_\_

**HOUSING UNIT:** \_\_\_\_\_

**CASE#:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**THIS FORM IS TO BE USED ONLY IN THE EVENT OF A DECISION APPEAL. PLEASE SPECIFY THE REASON FOR THE APPEAL IN THE SPACE BELOW.**

## ANSWER

**IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE WRITING ON THE BACK OF THIS FORM.**

ORIGINAL: INSTITUTION FILE

**COPY: GRIEVANT**

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**FORM #585**

## **MEDICAL GRIEVANCE**

**FACILITY:** \_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_

**INMATE'S NAME:** \_\_\_\_\_

SBN: \_\_\_\_\_

**HOUSING UNIT:** \_\_\_\_\_

**CASE #:** \_\_\_\_\_

**SECTION #1**

**DATE & TIME OF MEDICAL INCIDENT:** \_\_\_\_\_

**TYPE OF MEDICAL PROBLEM:**

**GRIEVANT'S SIGNATURE:** \_\_\_\_\_

DATE: \_\_\_\_\_

**ACTION REQUESTED BY GRIEVANT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

**NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.**

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**MEDICAL GRIEVANCE FORM #585**

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**SECTION #2**

**IF GRIEVANT DOES NOT AGREE TO THE DECISION OF THE MEDICAL GRIEVANCE COMMITTEE THEY MUST RESPOND, IN WRITING, WITHIN TWO DAYS OF THE RECEIPT OF THE DECISION. SPACE FOR AN APPEAL HAS BEEN PROVIDED ON THIS FORM IN SECTION #3.**

**RESPONSE BY M.G.C.:**

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**DATE RECEIVED BY GRIEVANT:** \_\_\_\_\_ **GRIEVANT SIGNATURE:** \_\_\_\_\_

DOES GRIEVANT ACCEPT M.G.C. DECISION?        (YES)        (NO)

### SECTION #3

**IF YOU WISH TO APPEAL PLEASE USE THE SPACE PROVIDED BELOW TO EXPLAIN WHY:**

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**GRIEVANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

ORIGINAL: INSTITUTION FILE

**COPY: GRIEVANT**

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**FORM #395A**

## **MEDICAL LOG**

**FACILITY:** \_\_\_\_\_

**INMATE NAME:** \_\_\_\_\_

**SBIN** \_\_\_\_\_

**HOUSING UNIT:** \_\_\_\_\_

**CASE #:** \_\_\_\_\_ **ATTORNEY:** \_\_\_\_\_

**DATES**

## **TREATMENT**

**STAFF SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_